

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028000

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 123 Primary Registration District No. 2000 Registrar's No. 1122

STATE FILE NUMBER

FILED JUL 18 1963

VS 300
Rev. 4/59

1 0397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Ash Grove</u>	
FULL NAME OF (If NOT in hospital, give location) <u>Springfield Baptist Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>L. P. H.</u> Middle <u>Stockton</u> Last <u>Stockton</u>		4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-27-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>77</u> Months <u>11</u> Days <u>18</u>
11a. FATHER'S NAME <u>Wash Williams</u>		11b. BIRTHPLACE (City and state or country) <u>Lawrence O. Mo.</u>	
12a. MOTHER'S MAIDEN NAME <u>Polky Brown</u>		12b. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		14. NAME OF HUSBAND OR WIFE <u>Dekos Stockton</u>	
15. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>		16. SOCIAL SECURITY NO. <u>Dekos Stockton Ash Grove Mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>6-14-63</u> to <u>7-9-63</u> and last saw her/him alive on <u>7-9-63</u> Death occurred at <u>4:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Stanley A. Peterson MD</u>		22b. ADDRESS <u>1211 So. Glendale Springfield Mo.</u>	
22c. DATE SIGNED <u>15 July 63</u>		22d. LOCATION (City, town, or county) (State) <u>East of Miller Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>		23b. DATE <u>7-12-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Holtown</u>		23d. LOCATION (City, town, or county) (State) <u>East of Miller Mo.</u>	
24. FUNERAL DIRECTOR <u>S. R. Leiman</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-63</u>	
ADDRESS <u>Miller Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Meekins</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit 7-4-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. A. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.